



**University of Alabama Hospital
619 19th Street S.
Birmingham, Alabama 35233-6510**

[EXHIBIT (E)]

August 05, 2005

STATEMENT
065325515

ROBERT MCCRAY
PO BOX 56
ELMORE AL 36025
SOA

PATIENT: ROBERT MCCRAY
PATIENT #: 0638767595055
CHARGES: \$137.82
BALANCE: \$137.82
ADM. DATE: 02/24/05

DEAR ROBERT MCCRAY

Thank you for allowing UAB Hospital to serve your healthcare needs.

A balance remains on your account. Your account is now delinquent. Payment must be made immediately to avoid the referral of your account to an attorney or collection agency. Check, money order or credit card payments are accepted.

Prompt attention is critical!

If you have any questions regarding this account or you are unable to pay-in-full, you must contact us promptly to make payment arrangements.

Note: To ensure proper crediting of your account, please include your patient number on all payments.

PLEASE RETURN LOWER PORTION WITH YOUR PAYMENT

UNIVERSITY OF ALABAMA HOSPITAL
PATIENT ACCOUNT REPRESENTATIVE
205 933-9738 or 800 648-4954
8:00 AM - 4:30 PM
SOA 76

PATIENT: ROBERT MCCRAY
PATIENT #: 0638767595055
BALANCE: \$137.82
ADM. DATE: 02/24/05

** CREDIT AUTHORIZATION **

76

MC () VISA () DISC () AMX ()
EXP DATE () PMT AMT ()
CARD # ()
SIGN ()

UNIVERSITY OF ALABAMA HOSPITAL
P. O. BOX 2252
BIRMINGHAM AL 35246-0036

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